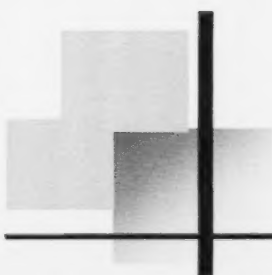


Department of Health
and
Community Services
Annual Performance Report
2009-2010




Newfoundland
Labrador

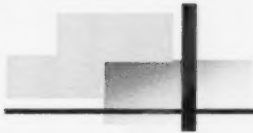
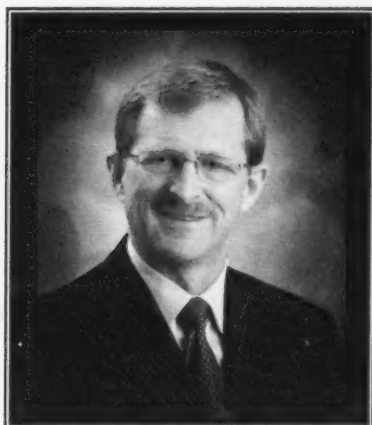


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Minister's Message



I am pleased to present the Annual Report of the Department of Health and Community Services. The report highlights the accomplishments and departmental activities in the past fiscal year (April 1, 2009 to March 31, 2010). As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments and any variances contained herein.

The Williams Government is committed to enhancing the quality of health care programs and services throughout the province and this past fiscal year we demonstrated that commitment with a record \$2.6 billion allocated in Budget 2009 for health and community services.

The Department furthered the Provincial Government's vision of a health care system that is responsive and accountable to the people of Newfoundland and Labrador, with significant investments, including planning and funding to continue development of a residential treatment centre for youth with addictions in Grand Falls-Windsor and a residential treatment centre for children and youth with complex needs in St. John's; new long-term care facilities in Corner Brook, St. John's, Carbonear, Lewisporte and Happy Valley-Goose Bay and the redevelopment of provincial health infrastructure in Grand Falls-Windsor, Gander and Marystown.

The Provincial Government continues to follow through on its commitment to implement recommendations from the Commission of Inquiry on Hormone Receptor Testing, having completed or substantially completed 39 of the 60 recommendations put forth in the report. Work on the remaining 21 recommendations is currently ongoing. The Department has continued to press forward with quality investments in laboratory medicine, cancer treatment and enhancements to the Provincial Prescription Drug Program.


Health care affects every resident in our province. We will continue to ensure that our investments result in improvements to the health care system for all of us who use it.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jerome Kennedy". The signature is written in a cursive, flowing style.

Hon. Jerome P. Kennedy
Minister of Health and Community Services

Departmental Overview



Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

Values

The following values are considered to be important to the Department. These values are incorporated in daily activities and are present in the overall organizational climate. They include:

Collaboration

Each person engages actively with partners.

Fairness

Each person uses a balance of evidence for equity in decision making.

Privacy

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

Respect

Each person provides opportunities for others to express their opinions in an open and safe environment.

Transparency in decision making

Each person is forthcoming with all information related to decision making except where prohibited by legislation.

Excellence

Each person performs to the best of their ability, and within available resources.

Mission

By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system.

Lines of Business

Lines of business are discreet and coherent sets of programs and/or services that originate from the mandate. The following are the Departments key areas of responsibility:

Policy, Planning, Program Development and Support

The Department provides a leadership role for programs that operate under a legislative framework, provincial policy, and/or provincial program standards. This begins with the provision of strategic directions, the development of policy and planning to promote provincial consistency and a strategic focus throughout the health system.

Monitoring and Reporting

The Department monitors and provides feedback as appropriate with respect to:

- periodic evaluation of selected elements of legislation;
- adherence to guidelines/best practices and/or funding/service delivery standards;
- periodic evaluation of select programs and services;
- budget allocation and financial monitoring; and,
- implementation of budget directions.

Provincial Public Programs and Services Administration

The Department provides supervision, control, and direct program and service delivery.

Refer to the Department of Health and Community Services Strategic Plan 2008-2011 for further details. <http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf>

Where Health Dollars Are Spent

\$2.53 Billion (2009-2010 Actuals)					
	Health Authorities and Related Services	MCP Physician Services	Medical and Drug Subsidy Program	Capital	Other
Percentage of Budget	74.8%	13.7%	5.2%	3.7%	2.6%

Departmental Structure

The Department of Health and Community Services had a total of 281 employees located in four office locations across the province:

- Grand-Falls Windsor (34);
- Stephenville (17);
- Confederation Building (176); and
- Margaret's Place (54) in St. John's.

Branches of the Department of Health and Community Services are indicated in the table below:

Branch	Female	Male	Total
Minister/Deputy Minister's Office	16	7	23
Communications	2	1	3
Government Relations	5	0	5
Medical Services	24	6	30
Regional Health Operations	27	12	39
Policy and Planning	20	7	27
Public Health and Wellness	38	9	47
Corporate Services	77	30	107
Total	209	72	281

Shared Partnerships



Over the last year collaboration with the entities that report to the Minister (Appendix A), and other partners, has been instrumental in addressing the strategic directions of improved population health, strengthened public health capacity, improved accessibility to priority services, and improved accountability and stability in the delivery of health and community services.

Improved population health

It is recognized that Newfoundlanders and Labradorians have some of the highest risk factors for chronic disease in Canada. Government is committed to fostering and improving health and wellness in this province. Initiatives to increase physical activity, encourage healthy eating and promote a healthier lifestyle remain a priority along with improvements in health promotion, surveillance and injury prevention. Many partners play an important role in progress gained such as:

- Health Authorities;
- Various Federal and Provincial Government Departments;
- Provincial Wellness Advisory Council and Regional Wellness Coalitions;
- Provincial Advisory Council on Aging and Seniors;
- Provincial Breastfeeding Coalition and committees;
- Community groups; and
- Municipalities.

Strengthened public health capacity

Promoting health, preventing disease and protecting the public are considered the foundation of a publicly funded health system. The ability to strengthen capacity is dependent on a supporting infrastructure, sufficient and competent workforce, organizational capacity and information and knowledge systems. Some partners involved in population health assessment, health surveillance, prevention, health promotion and protection this year included:

- Canada Health Infoway;
- Public Health Agency of Canada;
- Canadian Blood Services;
- Provincial School Health Action Committee; and
- Fire and Emergency Services-Newfoundland and Labrador (FES-NL).

Improved accessibility to priority services

Providing access to health services across the province is challenging. Government has made significant investments to improve the delivery of services for Newfoundlanders and Labradorians. Enhancing mental health and addictions services, strengthening the workforce, improving long term care and community supports, and supporting continuity in the delivery of child youth and family services are just a few initiatives. Partners included:

- Professional Associations;
- Departments of Government Services and Child, Youth and Family Services;
- Memorial University; and the
- Health services workforce.

Improved accountability and stability in the delivery of health and community services within available resources

The health and community services system consumes the largest percentage of all government expenditures. Accountability and stability is essential to the sustainability of quality programs and services. Monitoring systems, balanced budgets, stabilization of health human resources, and utilization of information are all essential focus areas. Partners included:

- Department of Finance;
- Newfoundland and Labrador Health Boards Association;
- Unions and Associations;
- Canadian Institute for Health Information;
- Newfoundland and Labrador Centre for Health Information;
- Office of the Chief Information Officer;
- Newfoundland and Labrador Centre for Applied Health Research;
- Department of Finance – Community Accounts;
- Newfoundland and Labrador Statistics Agency; and
- Statistics Canada.



Highlights and Accomplishments

While the Department of Health and Community Services is responsible for providing provincial leadership, the following highlights and accomplishments are made possible through the participation of entities, that report to the Minister (Appendix A), and many other community groups. These examples indicate the different ways in which the Department has contributed to achieving the strategic directions of Government and to supporting the health and well being of the population.

Strengthened public health capacity

H1N1 Pandemic in Newfoundland and Labrador

In April 2009 a new respiratory illness outbreak was reported in Mexico and was later identified as pandemic strain H1N1. New strains of influenza virus can have a greater impact on a population because immunity may be low and its ability to spread and cause severe disease maybe unknown.



While the illness was less severe than expected globally, the disease was widespread and affected all ages within the population. The first case of H1N1 was identified in Newfoundland and Labrador in June 2009 and the Department of Health and Community Services quickly responded with daily public advisories.

These advisories provided updates on the confirmed cases of H1N1 in the province and reiterated the importance of prevention through the practice of good hygiene.

In October the second wave of the pandemic was recognized as the number of laboratory confirmed H1N1 cases began to climb very quickly, emergency rooms filled with cases of influenza like illness, and intensive care unit admissions increased. Immunization clinics were set up as soon as vaccine was available and flu assessment clinics were opened to reduce the burden on emergency rooms. Anti-virals were distributed to community pharmacies to allow universal access for those with suspected pandemic influenza.

The numbers of H1N1 cases began to decrease in November and Newfoundland and Labrador had led an effective response by achieving a significantly higher immunization rate than the rest of the country; establishing effective laboratory, surveillance and treatment plans; and reducing the burden of disease on the population.

The team effort by health care workers, Health Authorities and the Department of Education was essential to a balanced approach in the management of the outbreak. This ensured that the highest risk groups were prioritized in administering the limited vaccine. Immunization was the best line of defence against the pandemic. The residents of Newfoundland and Labrador were commended for taking the threat of H1N1 seriously and for the united effort to protect families, friends and neighbours.

Approximately 353,000 Newfoundlanders and Labradorians received the H1N1 vaccine in 2009, which represents over 70% of the population.

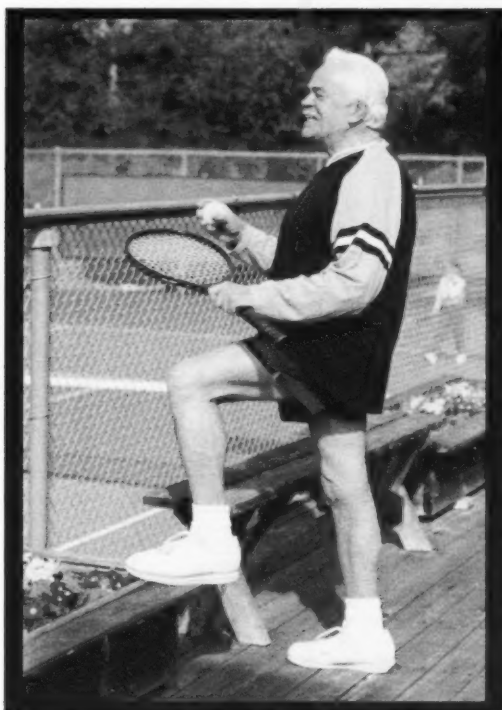
Improved accessibility to priority services

National Blood Portfolio

The National Blood Portfolio is a collaborative initiative between Provincial and Territorial Governments, the Federal Government, Canadian Blood Services and other key partners to ensure there is an adequate and safe blood supply available to Canadians. The Department of Health and Community Services took the lead in 2010 for the National Blood Portfolio. From 2010-2012 the Department will act as chair for various committees, develop policy options and related documentation on blood issues, and will serve as the primary liaison between Provinces and Territories, Canadian Blood Services and the Federal Government. As lead province, the Department will also be responsible for reporting the activities of the National Advisory Committee on Blood and Blood Products. On a rotational basis each province/territory assumes the lead role every two years. Lead province participants include the:

- ◆ Minister of Health and Community Services;
- ◆ Deputy Minister of Health and Community Services;
- ◆ Senior Manager Lead Province;
- ◆ Program Manager of the Provincial Blood Coordinating Program; and
- ◆ Policy Analysts.

Improved population health



Age Friendly Newfoundland and Labrador

Since the launch of the Provincial Healthy Aging Policy Framework in 2007, Government has implemented several initiatives to promote an age-friendly province which enables seniors to live independently and experience good health and well being. In February 2010, Government announced another new initiative, the "Age-Friendly Newfoundland and Labrador (AGNL) Grants Program". The program is designed to provide funding to incorporated municipalities, Inuit Community Governments and First Nations reserves, and seniors' organizations to support them in planning for an aging population and to help create age-friendly communities. An age friendly community is one where physical and social environments are designed to enable older individuals to live in a secure setting, enjoy health and continue to participate fully in society.

Improved accountability and stability in the delivery of health and community services within available resources

Record Investment in Health and Community Services

In 2009 a record investment of \$2.6 billion was allocated for health and community services. This investment demonstrates Government's commitment to build upon the strategic plan to enhance the quality of programs and services for the people of Newfoundland and Labrador and to respond to the changing needs of the population. Enhancing mental health and addictions, improving long term care and community supports, strengthening the health workforce, and investing in equipment and infrastructure are just some of the investments made to provide quality care in the province.



Design for the new Long Term Care Facility in Pleasantville

Report on Performance

Progress has been made on the strategic issues of Long Term Care and Community Support Services, Health and Wellness, Prevention and Early Intervention for Children and Youth, Chronic Disease Management, and Quality and Safety. Improvements in the health and community services sector support the strategic directions of Government and will contribute to the overall health and well-being of Newfoundlanders and Labradorians.

Long Term Care and Community Support Services (LTC CSS)

Goal

By March 31, 2011 the Department of Health and Community Services will have introduced more flexible and responsive service to provide individuals and families with increased choice in selecting the appropriate long term care and community support services.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have commenced implementation of new assessment models and selected service delivery options to support the identification of appropriate long term care and community support services.

Measure

Implementation Commenced

The Long Term Care and Community Support Services (LTC CSS) system in Newfoundland and Labrador offers a wide range of support services and programs that provide individuals with the opportunity to live as independently as possible within the services provided. Formal caregivers and professionals, with the training and skills to meet the unique care and support needs of each person, provide these services in long term care homes, personal care homes, community care homes, alternate family care homes or in a person's own home. Our elderly and young alike, along with their families, benefit from a system that addresses health and social needs, encourages choice, promotes independence and mobility, and delivers quality services.

Significant progress has been made in 2009-2010 to commence the implementation of new assessment models and selected service delivery options. The new financial assessment process for home support was implemented and eased the financial burden for individuals by reducing their contribution amount. The implementation of interRAI-Home Care(HC) began as well. This nationally recognized assessment tool is used in the community to assist in determining the most appropriate location and amount of

care to be provided to individuals. Efforts are continuing to strengthen the LTC CSS system through the development of a provincial strategy that is responsive to the needs of individuals and families. Careful, complex and collaborative planning is essential to the development of such a strategy.

Progress in 2009-2010, as outlined below, is in line with Government's strategic direction of improved accessibility to priority services and the Department's goal to introduce more flexible and responsive services in LTC CSS.

Indicators	2009-2010 Progress
<p>Completed the approved components of the conceptual LTC CSS framework</p>	<p>In 2009-2010 background work was completed to lay the foundation of a new plan for the system. Literature reviews and national/international scans of models of service delivery were completed. This information will inform the planning and development of future initiatives and has been incorporated into the draft vision, mission and guiding principles to steer the LTC CSS strategy. The following approved components were completed in 2009-2010:</p> <ul style="list-style-type: none"> • Implemented a new restructured financial assessment process for individuals receiving home support and special assistance benefits. Under the new process some clients will be required to contribute less toward their home support while others may not be required to contribute at all. • Commenced implementation of interRAI-HC. This internationally recognized tool informs and guides comprehensive care and service planning in community-based settings. • Increased the personal care home subsidy amount for individuals who qualified. • Increased the number of portable subsidies available in the personal care home sector. • Increased the hourly subsidy rate available to clients who purchase home support services. • Increased the personal allowance for all eligible clients in the LTC CSS system. • Increased the amount of liquid assets that can be retained by residents of long term care and personal care homes as well as clients in receipt of only home support.
<p>Started implementation of the income-based financial assessment</p>	<p>Effective December 2009, the new income based financial assessment process was implemented to ease the financial burden for those individuals who receive home support services.</p>
<p>Completed the Financial Assessment Policy Manual for LTC CSS</p>	<p>The Income Based Financial Assessment Policy Manual was completed and released in February 2010. The manual outlines the provincial policies related to the income test used in the Home Support and Special Assistance</p>

	Programs of the LTC CSS system. The document is available at: http://www.health.gov.nl.ca/health/publications/pm_hssa.pdf
Revised the Home Support Policy Manual	Collaborative work to revise the Home Support Policy Manual continued. The decision to move to a standards format resulted in some delay. The new format will support improved reporting and monitoring of the Home Support Program.
Assessed the readiness to start implementation of the interRAI-HC	The readiness to start implementation of interRAI-HC has been assessed in consultation with Health Authorities. The Newfoundland and Labrador Centre for Health Information (NLCHI), the Office of the Chief Information Officer (OCIO) and the Canadian Institute for Health Information (CIHI) are assisting with the implementation. Training, human resources, and information technology are key to the implementation process. Budget 2009 included a \$1.1 million investment to commence the implementation of interRAI-HC.
Considered key stakeholder consultation recommendations on selected service delivery options	Implementation of the restructured financial assessment process for individuals receiving home support and special assistance program benefits along with the implementation of interRAI-HC required consultation. Recommendations from Health Authorities, NLCHI, OCIO and CIHI were taken into consideration and contributed to the implementation process.

Objective for 2010-2011

By March 31, 2011 the Department of Health and Community Services will have increased the quantity and diversity of options, and corresponding assessment models available to persons seeking long term care and community support services.

Measure

Increased the quantity and diversity of options, and corresponding assessment models

Indicators 2010-2011

- Presented the LTC CSS strategy to Departmental Executive
- Completed a utilization analysis of the 2009-2010 changes in selected programs
- Continued implementation of rate increases in identified program areas
- Supported Health Authorities to implement operational standards
- Continued implementation of the interRAI-HC assessment tool
- Continued collaboration to meet the needs of an aging population and persons with disabilities

Health and Wellness

Goal

By March 31, 2011 the Department of Health and Community Services will have enhanced capacity to improve the health of the population by focusing on the following identified priority wellness areas from Phase 1 and 2 of the Provincial Wellness Plan:

Phase 1 and 2

Healthy Eating
Physical Activity
Tobacco Control
Injury Prevention

Mental Health Promotion
Child and Youth Development
Environmental Health
Health Protection

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have monitored progress on the development and impact of priority areas of the Wellness Plan.

Measure

Progress monitored on development and impact of priority areas of the Wellness Plan

In 2006, Government released *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1)*. The implementation of Phase 1 began in 2006 and the focus areas of healthy eating, physical activity, tobacco control, and injury prevention were put into action through numerous initiatives such as:

- School Food Guidelines;
- Healthy Students Healthy Schools;
- Provincial Food and Nutrition Action Plan;
- Amendments to the *Smoke Free Environment Act*;
- Amendments to the *Highway Traffic Act* to include booster seats; and
- Provincial Wellness Grants Program

Improving the health and well being of Newfoundlanders and Labradorians remains a priority for Government and supports the Department's vision for individuals, families and communities to achieve optimal health and well being. On an annual basis, over \$4 million is invested in the Provincial Wellness Plan. In partnership with the Provincial Wellness Advisory Council, the priority issues working groups and committees, as well as Health Authorities and Regional Wellness Coalitions, work continues to address the priority areas that promote healthy living.

Progress in 2009-2010, as outlined below, is in line with Government's strategic direction of improved population health and the Department's goal to enhance capacity to improve the health of the population.

Indicators	2009-2010 Progress
<p>Continued implementation of Phase 1 priorities</p>	<p>Work continued in 2009-2010 to implement Phase 1 priorities of the Provincial Wellness Plan as follows with the:</p> <ul style="list-style-type: none"> • development of <i>A Model Policy for Healthy Meetings and Events</i>; • completion of the <i>Newfoundland and Labrador Review of Food and Nutrition Programs and Services for Seniors</i>; • continued expansion of the Kids Eat Smart Program; • distribution of Food Security Wellness Grants; • establishment of the Obesity Expert Advisory Committee; • amendment to the <i>Tobacco Control Act</i>; • re-establishment of the Newfoundland and Labrador Injury Prevention Coalition; and the • continued support to community based projects through the Provincial Wellness Grants Program, focusing on target areas of healthy eating, active living, staying smoke free and injury prevention.
<p>Expanded focus to new Phase 2 priorities</p>	<p>Expanded focus to new Phase 2 priority areas include:</p> <p><u>Mental Health and Addictions</u></p> <p>The <i>Mental Health Care and Treatment Act</i> is the legislative authority for the delivery of mental health services to persons who are involuntarily certified. It establishes the criteria and procedures for deciding if a person should be involuntarily certified. In April 2009, the Provincial Policy and Procedure Manual was revised to assist the Health Authorities in implementing and interpreting the <i>Act</i>. The manual outlines the policies to ensure consistent and quality implementation of the <i>Act</i> across the province.</p> <p>Progress is being made in the prevention and treatment of gambling addictions. The Province has commissioned two gambling prevalence studies since 2005. The most recent study, released in July 2009 shows a decrease in the overall prevalence of gambling in Newfoundland and Labrador. The Province will continue to monitor gambling trends so that programs and services are responsive to the needs of individuals. Results of the study can be found at http://www.health.gov.nl.ca/health/publications/2009_gambling_study.pdf</p> <p>To maintain good mental health, we must continue to create support systems in our communities, develop positive problem solving and coping skills, build strong self-esteem and increase the capacity to use</p>

the resources available to us in our communities. In an effort to support a variety of projects that focus on mental health and addiction services, nine community groups across the province received funding in 2010 to enable them to offer a variety of programs to people affected by mental health and addiction issues.

Enhancing addictions programming and services is a priority for Government. Planning has begun to develop a new residential treatment facility for youth that will provide the necessary supports to youth with complex mental health needs.

Child and Youth Development

A toolkit was developed in partnership with the Department of Education, Body Image Network NL and the Health Authorities, to promote positive self-esteem and body image in the school setting. Funded through the Provincial Wellness Grants Program, the kit contains a story book, lesson plans, posters, bookmarks and supplementary materials. It is distributed by the Department of Education and meets the provincial curriculum standards.

Support was given to the Coalitions Linking Action and Science for Prevention project "*Youth Excel*" which includes working toward developing indicators and measures for a minimal data set of youth tobacco use in Canada at the individual and school community level.

Parent and Child Health Programs were supported in their delivery of services for families with young children. The support provides an opportunity to offer nutrition, injury prevention and safety, growth and development and other wellness messages to parents.

Environmental Health

A joint initiative of Environment Canada, the Departments of Environment and Conservation and Health and Community Services was designed to help people understand what the air quality means to their health. The Air Quality Health Index (AQHI), which was launched in Spring 2009 for St. John's, Mount Pearl and Corner Brook, will help people make decisions to protect their health by limiting short-term exposure to air pollution and adjusting activity levels during increased levels of air pollution.

A new Food Safety Recognition Program was developed in 2009-2010 to recognize food establishments in our province that go beyond the minimum standards for food safety to ensure they are providing safe food to their customers. Safe storage, handling, and preparation of food protect your health from a variety of contaminants, both at home and at your favorite restaurant. Food premises that apply for and meet all of the specific criteria will receive a "Food Safety Served Here" certificate and will be listed on the Department's website.

Through the food safety program, food premises in Newfoundland and Labrador are inspected for compliance with the Food Premises Regulations under the *Food and Drug Act*. The frequency of inspections is based on a measurement of the potential or likelihood of the premises being involved in a food borne illness outbreak. Enhanced policy and food safety guidelines have been developed to include a compliance policy, food premises inspection report, and risk categorization.

New environmental health guidelines are being developed to identify potential hazards in schools, child care centres, personal care homes, long term care facilities, and industrial work camps. The new guidelines will aid health inspectors to identify hazards that impact disease transmission and unintentional injury.

The Burin Peninsula Green Team received funding under the Provincial Wellness Grants program for a project centered on environmental health. As part of the project, a green team will be established with students from each school in the Burin region, a green conference will be organized for the Burin Peninsula, and a greenhouse project will be initiated.

Health Protection

The Pandemic (H1N1) 2009 Influenza Education campaign was developed and delivered to health care providers to include a series of mini lectures relating to:

- Seasonal and Pandemic Influenza
- Pandemic Influenza Precautions
- Influenza Vaccination
- Chain of Infection and Breaking the Chain
- Point of Care Risk Assessment
- Routine Practices
- Additional Precautions

Prevention Infection – Diabetes Care was developed in 2009 to heighten awareness that infections can be spread from the blood of an infected person by sharing diabetic care equipment or items used for personal care. Topics included clean hands, injection safety, equipment care, and the safe disposal of lancets and needles.

In 2009 the Health Authorities began reporting Healthcare Acquired Infections (*Clostridium difficile* and Methicillin resistant *Staphylococcus aureus*) to determine the incidence and burden of disease in the province and to describe the epidemiology of the disease. Data obtained will be used to implement preventative measures in the health care system.

Indicators developed for monitoring progress	Indicators have been developed to monitor the progress and include areas such as breastfeeding rates, body mass Index, fruit and vegetable consumption, physical activity participation for children, youth and adults, tobacco use, injury prevention and others.
Completed Provincial Wellness Plan annual report cards	In 2009-2010, Provincial Wellness Plan Annual Report Card(s) were completed for the period of 2007 to 2009 which highlighted progress for wellness priorities and initiatives.
Continued partnership development	Collaboration and partnerships are essential to support the initiatives of the Provincial Wellness Plan. Many partners are linked through the Provincial Wellness Advisory Council which includes representation from non-government agencies, professional associations and government departments. Also, partnerships with priority issues working groups and committees, Health Authorities, and Regional Wellness Coalitions are key to the promotion of health and wellness.

Objective for 2010-2011

By March 31, 2011 the Department of Health and Community Services will have addressed the sustainability of the Provincial Wellness Plan

Measure

Addressed the sustainability

Indicators 2010-2011

- Continued implementation of identified priorities
- Monitored identified healthy behaviour indicators
- Completed Provincial Wellness Plan Annual Report Card
- Continued partnership development



Prevention and Early Intervention for Children and Youth

Goal

By March 31, 2011 the Department of Health and Community Services will have incorporated an increased focus on prevention and early intervention programs and services for children, youth and their families in the design and development of programs, services plans, strategies and other required documents.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have started to implement identified approaches that increase focus on prevention and early intervention programs and services for children, youth and their families.

Measure

Implementation started

In 2009, Government created the new Department of Child, Youth and Family Services dedicated to helping ensure the protection and well-being of children, youth and their families in Newfoundland and Labrador. The new provincial department is responsible for child protection, adoption, youth corrections, child care services, and family resource centres, all programs previously administered by the Department of Health and Community Services.

In 2009-2010, the Department of Health and Community Services worked closely with the Department of Child, Youth and Family Services to facilitate a smooth transition of programs, services and staff while maintaining service delivery to clients. During the transition, those requiring access to Child, Youth and Family Services continued to contact their respective Health Authority.

Supporting healthy holistic child development, preventing risk and minimizing negative influences during critical periods of growth and development remain priorities of the Department of Health and Community Services. As child development begins before birth, pre and post natal education and support programs are important and must involve many partners.

Progress in 2009-2010, as outlined below, is in line with Government's strategic direction of population health and the Department's goal to increase focus on prevention and early intervention programs and services for children, youth and their families.

Indicators	2009-2010 Progress
Reviewed legislation and policy in relation to the respective responsibilities of the Department of Health and Community Services and the	An <i>Act</i> to amend the <i>Adoption Act</i> , the <i>Child Care Services Act</i> , the <i>Child, Youth and Family Services Act</i> and the <i>Regional Health Authorities Regulations</i> received Royal Assent on May 28, 2009. In preparation for the amendment, the Department of Health and Community Services

new Department of Child, Youth and Family Services	reviewed all the legislation for which it had responsibility to determine the required amendments for implementation of the new Department of Child, Youth and Family Services. The Department continues to collaborate with the Office of the Legislative Counsel to revise the departmental notice, made under the <i>Executive Council Act</i> , to reflect the change in its mandate arising from the creation of the new Department of Child, Youth and Family Services.
Completed reports related to the needs of children, youth and families	<p>The Department collaborated with the Newfoundland and Labrador Centre for Applied Health Research, through the Contextualized Health Research Synthesis Program, to research the types of effective non-clinical interventions that might be helpful for the prevention and treatment of childhood obesity in Newfoundland and Labrador. A project team, which included departmental staff, looked at systematic reviews, meta-analyses, and other reviews that studied prevention and treatment and findings were gathered and synthesized. The full report can be viewed at http://www.nlcahr.mun.ca/research/chrsp/</p> <p>Due to other departmental priorities, other report(s) were not finalized by the end of the fiscal year and are anticipated in 2010-2011.</p>
Initiated research and resource development in selected areas	<p>Continued collaboration occurred this past year with the Breastfeeding Coalition of Newfoundland and Labrador in the implementation of a public education and awareness campaign on the benefits of breastfeeding. The campaign included TV ads, and printed material including posters. In addition, resources such as the Breastfeeding Handbook were updated and distributed through Parent and Child Health Programs offered by public health nurses and in community settings. For more information on breastfeeding resources go to http://www.babyfriendlynl.ca/</p> <p>Funding was provided to the Centre of Excellence for Children and Adolescents with Special Needs at Memorial University to conduct research on childhood obesity and to assist in the development of intervention programs.</p> <p>In partnership with the Health Authorities, the Newfoundland and Labrador Statistics Agency and the Department of Labrador and Aboriginal Affairs, the Newfoundland and Labrador Nutritious Food Basket Survey was conducted to monitor the cost of healthy eating in the province. This survey is conducted on an annual basis by regional nutritionists and the results are used to monitor food costs and to assist individuals and families with budgeting.</p>
Progress made on the implementation of identified	In collaboration with the Department of Child, Youth and Family Services and the Health Authorities, the nutrition and infant feeding recommendations, "Standards and Guidelines

prevention and early intervention initiatives

for Health in Child Care Settings” were updated. The aim was to promote the health of children in child care by setting standards for the foods and beverages served by child care providers, emphasizing a variety of foods from Canada’s Food Guide.

In partnership with the Department of Child, Youth and Family Services and the Health Authorities, nutrition education tool kits focusing on the pre and post natal periods were established for all family resource programs. These resource binders include information and activities that will assist caregivers, children and families in the development of healthy eating behaviours.

Orientation and training was provided to public health nurses in 2009 to assist them in the delivery of the Prenatal Education and Support Program “BABIES” to pregnant women and their families.

Objective for 2010-2011

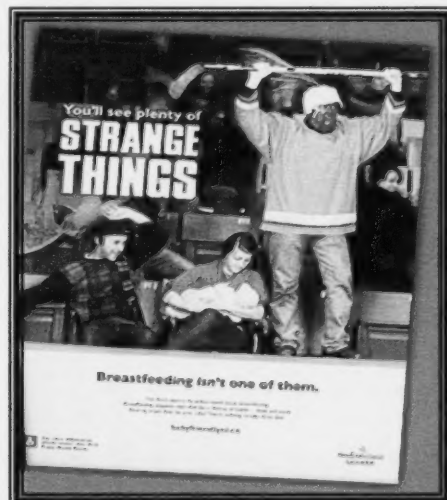
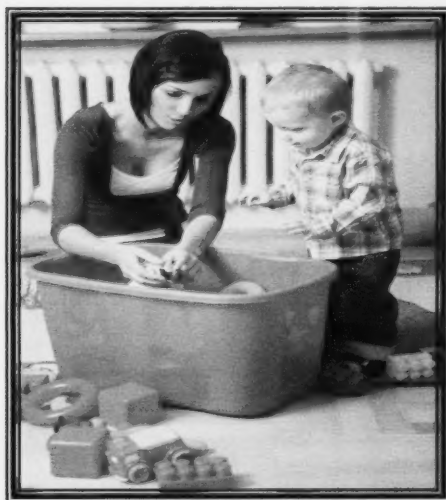
By March 31, 2011 the Department of Health and Community Services will have increased the focus on prevention and early intervention programs and services for children, youth and their families.

Measure

Increased focus on prevention and early intervention programs and services

Indicators 2010-2011

- Increased capacity in programs and services such as immunization and mental health
- Increased support for professional development related to healthy child and youth development
- Increased support to self-help initiatives and family support services



Chronic Disease Management

Goal

By March 31, 2011 the Department of Health and Community Services will have increased capacity in the area of chronic disease management.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have implemented policy directions and developed guidelines for management of select chronic diseases and approved aspects of the strategy.

Measure(s)

Implemented policy directions.
Developed guidelines for management.

Chronic disease management requires a systematic approach to improve health care for people with a chronic disease. This approach involves the individual, the community and the health system. Models of practice have demonstrated that improvements in health outcomes may be made when efforts are focused on self-management support, delivery system design, decision support guidelines/standards and clinical information systems.

Government remains committed to increasing its ability to address chronic diseases in the province. Over the past two years, the Department reported progress on many of the indicators in the strategic plan. Due to competing priorities, some of the indicators for chronic disease were deferred. In 2009-2010, the Department of Health and Community Services reviewed the scope of chronic disease and identified areas where additional focus was required to advance this priority issue.

The Department will continue to work towards achieving the goal and objectives related to increased capacity in the area of chronic disease management. In 2010-2011 attention will be given to establishing provincial leadership for chronic disease control, developing the provincial policy direction, identifying priority actions and collaborating with the Health Authorities and community groups on actions for chronic disease prevention and management. Some indicators will be carried into 2010-2011 and new indicators for 2010-2011 will be added to help the Department report on progress.

Measure Implemented policy directions.	
Indicators	2009-2010 Progress
Identified focus areas for select clinical practice guidelines/standards	Clinical practice guidelines/standards and interventions have been identified for the program areas of stroke, kidney disease and colorectal cancer.
Identified chronic disease management models and key priority actions	Chronic disease management models exist in many jurisdictions across the country. The success of these models is being reviewed to identify the best approach for Newfoundland and Labrador. Due to competing priorities, this indicator was not fully completed. Work will continue to achieve the Department's strategic goal into 2010-2011.
Proposed strategy submitted for approval	Due to other departmental priorities, the development of a provincial chronic disease strategy was deferred. The development of a strategy will be completed and submitted to Department Executive for approval in 2010-2011.
Implemented policy directions based on approvals to proceed	As previously indicated the completion of the chronic disease strategy was deferred therefore the implementation of the policy directions are not started. This process will begin once the chronic disease strategy is completed and approved.
Measure Developed guidelines for management.	
Indicators	2009-2010 Progress
Assessed readiness of selected program areas for implementation of practice guidelines	Readiness for implementation of practice guidelines were assessed in the following program areas: <ul style="list-style-type: none"> • colorectal screening; • renal dialysis; • stroke; and • kidney disease
Identified draft guidelines for select conditions	Guidelines have been identified for: <ul style="list-style-type: none"> • colorectal screening; • renal dialysis; • stroke; and • hypertension
Continued partnership with interest groups and health practitioners for planned implementation of guidelines	The Department continued to partner with a variety of interest groups and health practitioners for the planned implementation of identified guidelines, such as colorectal cancer screening, prevention and management of stroke care, controlling hypertension, and dialysis care.

	<p>Partners include the:</p> <ul style="list-style-type: none"> • Canadian Cancer Society; • Kidney Foundation of Canada; • Canadian Diabetes Association; • Heart and Stroke Foundation of Newfoundland and Labrador; and • Health Authorities
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Objective 2010-2011

By March 31, 2011 the Department of Health and Community Services will have implemented a monitoring mechanism to measure the integration of the provincial chronic disease strategy into practice for the management of chronic diseases and conditions.

Measure

Implemented a monitoring mechanism

Indicators

- Proposed strategy submitted to Departmental Executive
- Identified key priority actions
- Implemented policy directions
- Collected information on best practices for the management of chronic disease.
- Reported on the progress of implementing actions for the management of chronic disease

Quality and Safety

Goal

By March 31, 2011 the Department of Health and Community Services will have strengthened organizational systems within the health and community services sector that foster quality and safety.

Objective 2009-2010

By March 31, 2010 the Department of Health and Community Services will have commenced implementation on initiatives to demonstrate commitment to quality and safety in the health system.

Measure

Implementation commenced.

The changing demographic profile of our province and its vast geographic landscape present challenges to the coordination and delivery of safe, high quality services. The Department is committed to strengthening the health care system for residents and health care providers alike. Government has made significant investments to enhance quality and safety. In partnership with Health Authorities, improvements are being realized.

On March 1, 2009 the report of the Commission of Inquiry on Hormone Receptor Testing was received by the Provincial Government. The recommendations provided clear direction on steps to enhance the health care system provincially. Immediate action was taken and a report to the House of Assembly in March 2010 showed significant progress made on implementing the recommendations. Government, along with the Health Authorities, have completed or substantially completed 39 of the 60 recommendations. The remaining 21 recommendation have been partially completed. Some recommendations were implemented quickly such as adopting apology legislation, while mandatory laboratory accreditation will require a longer term effort. Work will continue in 2010-2011 to achieve progress on the Cameron recommendations while enhancing quality and patient safety in our health care system.

Progress in 2009-2010, as outlined below, is in line with Government's strategic direction of improved accountability and stability in the delivery of health and community services and the Department's goal to strengthen organizational systems that foster quality and safety.

Indicators	2009-2010 Progress
<p>Strengthened performance monitoring and reporting in relation to inquiry recommendations and processes within the department</p>	<p>Performance monitoring and reporting has been strengthened in relation to the Commission of Inquiry on Hormone Receptor Testing and processes within the Department. Examples include:</p> <ul style="list-style-type: none"> • Tracking and reporting estrogen receptor and progesterone receptor data semi-annually is in place. • Planned expansion of Eastern Health's Clinical Safety Reporting System to all Health Authorities is underway. • Recruitment of the Director of Pathology has begun with duties to include development of a standardized program of internal and external auditing as it relates to proficiency testing in laboratories. • Policies are in place to disclose/report adverse events • Establishment of a provincial co-ordinating office to manage adverse event reporting is underway. The office will lead the planning, implementation and evaluation of a provincial electronic adverse management system.
<p>Improved data management and analysis of comparative health indicators</p>	<p>Comparative health indicators are collected and analyzed on a regular basis to inform and guide policy and program development. To improve upon the existing practice, the Evidence to Policy Liaison Committee was established in November 2009. Membership includes staff of the Department and the Newfoundland and Labrador Centre for Health Information. The committee facilitates the use of information, research and evaluation to support provincial policy, program development and implementation. Increased knowledge of available sources of data, identification of data/information gaps and collaboration on select research and evaluation initiatives result in improved analysis of comparative health indicators.</p> <p>In November 2009 the Mass Immunization Registry was created for the deployment of H1N1 vaccine. The registry was pivotal in providing the Department with data during the pandemic. The ability to collect immunization data and produce reports was a first for the province and greatly improved data management during the pandemic. The data</p>

	<p>assisted health professionals to assess who had received the vaccine and plan for subsequent distribution. The data also provided knowledge of when we had reached targets to ensure the protection of the population. The Office of the Chief Information Officer lead the development of the real time computer system.</p> <p>The Department has engaged the Newfoundland and Labrador Centre for Health Information to conduct a province wide assessment of the information management needs of Health Authorities to improve data management as recommended by Commission of Inquiry on Hormone Receptor Testing.</p>
Implemented selected quality and safety initiatives	<p>In 2010 Government continued to make health care facilities throughout the province more accessible to the public, patients and those with disabilities. Key areas include structural changes and renovations to improve washroom and shower accessibility for patients at selected health facilities in the province.</p> <p>In June 2009 the Provincial Protective Community Residence Operation Standards were released. These standards represent the expectation for care and service of individuals with mild to moderate dementia. Individuals who demonstrate wandering behaviours, are traditionally cared for in long term care facilities under protective care. A new model of care in Corner Brook has allowed these individuals to reside in a more appropriate community environment in keeping with their assessed care needs.</p> <p>Atlantic Health Ministers signed a Memorandum of Understanding in January 2010 ensuring cancer patients receive radiation therapy within eight weeks of being ready-to-treat. Provinces will support each other with therapy services if they are unable to meet the eight week timeline.</p> <p>Hours of operation at the satellite dialysis unit in Clarenville were expanded in March 2010. The investment of approximately \$500,000 increased capacity of the unit to 28 patients up from 14 and provided improved accessibility for patients in the Clarenville and Bonavista areas.</p> <p>The Provincial Blood Coordinating Program provides leadership and collaboration with the Health Authorities and Canadian Blood Services to ensure blood component and blood products are managed safely and effectively for all health care recipients.</p> <ul style="list-style-type: none"> • In October 2009 the Emergency Blood Management Plan was implemented which outlines procedures to manage blood transfusions in the event of a blood

	<p>component shortage. Health Authorities will develop their protocols to align with provincial and national plans.</p> <ul style="list-style-type: none"> • Subcutaneous immune globulin is a blood product used to treat patients with immune deficiencies. In November 2009 Atlantic guidelines for home administration were implemented to reduce the occurrence of outpatient visits and travel time. These guidelines comply with national standards for patient safety.
Implemented Health Quality Council	<p>As recommended by the Commission of Inquiry on Hormone Receptor Testing, many provincial initiatives are currently in place to advance quality and safety initiatives in the health system. More time is needed to determine the impact of these changes on existing initiatives before introducing a Quality Health Council. The planning for implementation of a Provincial Quality Health Council has been deferred until 2010-2011 pending the completion of an assessment of the role and mandate.</p>

Objective 2010-2011

By March 31, 2011 the Department of Health and Community Services will have reported on progress to improve quality and safety within the health and community services system.


Measure

Reported on progress

Indicators 2010-2011

- Continued reporting in relation to inquiry recommendations
- Established a Provincial Coordinating Office
- Continued implementation of select quality and safety initiatives

Opportunities and Challenges Ahead



The Department of Health and Community Services faces many challenges in completing its mandate, including an aging population, poor health status, limited fiscal resources and a vast geography. Inherent in these challenges are opportunities to continue to respond to the needs of residents. Government has invested significantly to improve the health care system in this province

Cancer Care

As indicated earlier, progress is being made in implementing the recommendations of the Commission of Inquiry on Hormone Receptor Testing. Some of the recommendations were implemented quickly while others will require additional work such as mandatory laboratory accreditation. Work will continue into 2010-2011 in partnership with the Health Authorities, to ensure that quality and patient safety remains a priority.

Early cancer detection is one strategy for improving survival and increasing the quality of life for those living with cancer. Strategic investments to improve screening and to enhance access to high-quality cancer care services are necessary to enable residents to receive technologies and therapies from anywhere in the province. Government has invested significantly in cancer treatment and prevention in recent years. Future commitments include the development of a Cancer Control Policy Framework.

Rural Health Services

The health system in this province is diverse and given our vast geography, challenges exist in the coordination of these services. Government is committed to providing quality health care, as close to home as possible, for residents who live in rural areas. Improving access to services, investing in new construction, redeveloping existing facilities, purchasing new medical equipment, and providing assistance to those who must travel for insured specialized services, will be a priority in 2010 -2011. Continued efforts will be made to improve access for all residents of the province regardless of where they live.

Mental Health and Addictions

Over the past five years the Provincial Government has invested \$17.9 million in mental health and addictions services in the province. This commitment to invest in prevention and treatment programs for people and families living with mental health and addictions issues will continue into 2010-2011. The development and planning for treatment centres, increased human resources and support to community based projects will be prioritized to ensure that individuals have access to appropriate treatment options.

Health Workforce Planning

There are over 20,000 health care workers employed in the four Health Authorities and the Department of Health and Community Services. These are physicians, nurses, pharmacists, technologists and skilled trade workers just to name a few. These employees are truly the heart of the health care system and Government recognizes the crucial role they play. Providing the best possible health care to the residents of Newfoundland and Labrador requires the development of a Strategic Health Workforce Plan. This plan is currently being developed under the leadership of the Provincial Health Workforce Planning Steering Committee. This plan will be multifaceted and will recognize:

- the importance of the alignment of the workforce to the health needs of the population;
- the importance of strong system leadership and management;
- the importance of quality workplaces;
- the need for the appropriate supply of our health workforce; and
- the need for robust workforce planning and evidence.

It is important that we have a plan to attract and retain the health workforce well into the future and by developing a plan we can begin to enhance the workforce and services we provide to all Newfoundlanders and Labradorians.

Pandemic Planning

It is important to look ahead and remember that because the H1N1 pandemic was handled effectively does not mean that preparedness can be taken for granted. The Department of Health and Community Services and the Health Authorities will complete a review of the pandemic planning and response to include:

- Joint operational plans to combine both acute care and public health responses;
- Strengthen internal communication channels; and
- Continued development of training and reporting tools to streamline tasks.

The health sector in the province has worked hard to plan for a pandemic and improved planning and response will allow us to be ready to confront any future threat.

Financial Statements

Expenditure and revenue figures in this table are based on public information provided in the Report on the Program Expenditures and Revenues of the Consolidated Revenue Fund for Fiscal Year ended 31 March 2010.

	2009-2010		
	Actual (\$)	Amended (\$)	Original (\$)
<i>Minister's Office (1.1.01)</i>	517,837	557,400	539,400
<i>General Administration (1.2.01 to 1.2.08)</i>			
Total gross	25,185,064	30,661,000	29,977,200
Less revenue - Federal	178,495	1,055,900	1,055,900
Less revenue - Provincial	164,739	1,290,000	1,290,000
<i>Total net</i>	<i>24,841,830</i>	<i>28,315,100</i>	<i>27,631,300</i>
<i>Memorial University Faculty of Medicine (2.1.01)</i>	<i>39,142,324</i>	<i>39,686,400</i>	<i>39,686,400</i>
<i>Drug Subsidization (2.2.01)</i>	<i>130,542,039</i>	<i>134,591,500</i>	<i>136,109,100</i>
<i>Medical Care Plan (2.3.01 to 2.3.02)</i>			
Total gross	345,935,859	359,441,200	359,441,200
Less revenue - Federal	780,683	619,600	619,600
Less revenue - Provincial	2,125,461	2,131,700	2,131,700
<i>Total net</i>	<i>343,029,715</i>	<i>356,689,900</i>	<i>356,689,900</i>
<i>Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)</i>			
Total gross	1,890,884,911	1,892,308,100	1,891,492,300
Less revenue - Federal	4,678,367	11,604,100	11,604,100
Less revenue - Provincial	22,178,818	18,776,000	18,776,000
<i>Total net</i>	<i>1,864,027,726</i>	<i>1,861,928,000</i>	<i>1,861,112,200</i>
CAPITAL			
<i>Furnishings and Equipment (3.2.01)</i>	49,998,000	57,863,500	57,863,500
Less revenue - Federal	13,597,537	2,400,000	2,400,000
<i>Total net</i>	<i>36,400,463</i>	<i>55,463,500</i>	<i>55,463,500</i>
<i>Health Care Facilities (3.2.02)</i>	44,781,354	79,622,400	79,622,400
<i>Total Health Care Facilities and Equipment</i>	<i>1,945,209,543</i>	<i>1,997,013,900</i>	<i>1,996,198,100</i>
<i>Total Department</i>			
Total gross	2,526,987,388	2,594,731,500	2,594,731,500
Less revenue - Federal	19,235,082	15,679,600	15,679,600
Less revenue - Provincial	24,469,018	22,197,700	22,197,700
<i>Total net</i>	<i>2,483,283,288</i>	<i>2,556,854,200</i>	<i>2,556,854,200</i>


Appendix A: Entities Reporting to the Minister



Under the *Transparency and Accountability Act*, the following government entities are provided with the Strategic Directions of the Department and also prepare plans and annual reports in keeping with their categorization under that *Act*:

1. Eastern Health Authority
2. Central Health Authority
3. Western Health Authority
4. Labrador - Grenfell Health Authority
5. Public Health Laboratory
6. Newfoundland & Labrador Centre for Health Information
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board

Appendix B: Mandate



The Department of Health and Community Services is mandated under the *Executive Council Act (Regulation 82/03)*, such that the powers, duties and functions of the Minister include supervision, control and direction of all matters relating to

- the preservation and promotion of health;
- the prevention and control of disease;
- the administration of hospitals, long term care facilities and personal care facilities;
- the control, possession, handling, keeping and sale of food and drugs;
- contracts, payments and remunerations for medical, dental, pharmaceutical, scientific, technical or other health and community services;
- public health and the enforcement of public health standards;
- the administration of a plan authorized by the Lieutenant-Governor in Council for the assistance of students in a professional or technical field connected with health and community services;
- services to children, youth and families; adoption of children;
- child care services;
- in co-operation with the Minister of Justice, the administration of laws relating to the commission of offences by young persons;
- programs and residential facilities for persons who are neglected, dependant, abused, persons with disabilities and persons who are being treated for addictions; and
- the administration of the Acts set out in the Schedule and of all orders and regulations passed or made under those Acts, including those powers, functions or duties necessary or desirable for carrying out the purpose of those Acts

which are not, or in so far as they are not, the responsibility of another minister, agency or body, corporation, board, organization or person.

Additional information related to the Department of Health and Community Services Strategic Plan can be found at <http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf>